



STATE OF WASHINGTON  
DEPARTMENT OF LICENSING

*PO Box 9034 • Olympia, Washington 98507-9034*

**Used Vehicle Battery License  
Storage Questionnaire**

Please complete the following information and return this form with you Master Business Application. You must complete one form for each location where you will be storing used Vehicle batteries. Please photocopy this form if you need additional forms.

Owner Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Location \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

What is the maximum quantity (in pounds) of used vehicle batteries expected to be stored at this business location? \_\_\_\_\_ Pounds.

Please indicate which storage method(s) you are currently using (check all that apply):

\_\_\_\_\_ Within an enclosed building

\_\_\_\_\_ Within enclosed, acid-resistant containers

\_\_\_\_\_ Outdoor in stacks

\_\_\_\_\_ Other: \_\_\_\_\_